

FILED APR 2 1947
Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 71

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County COLE

(b) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
765 CLARK AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 22 YEARS

3. (a) PRINT FULL NAME MARY SCHMIDT

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHN B. SCHMIDT

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased JANUARY 21, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>1</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace HOLLAND
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name HENRY V. VELTROP

13. Birthplace HOLLAND
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN B. SCHMIDT

(b) Address JEFFERSON CITY, MO.

17. (a) BURIAL (b) Date thereof 3/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OSAGE BEND, MO.

18. (a) Signature of funeral director [Signature]

(b) Address JEFFERSON CITY, MO.

19. (a) 3-22-47 (b) R.O. Davis, MD
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE

(c) City or town JEFFERSON CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 765 CLARK AVE.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 20
year 1947 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from March 20, 1947, to March 20, 1947;
that I last saw her alive on March 20, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac decompensation

Due to Arteriosclerotic Heart Disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy [Signature]

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) _____

Address Jefferson City, Mo. Date signed 3-22-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/31/47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by
Melvin L. Janssen, Registered Apprentice No. 489
working under my personal supervision.

Signed Sylvester Dulle
Licensed Embalmer No. 4321
P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.